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**DEPARTMENT OF COMMERCE**

**PUBLIC TRANSPORTATION BENEFIT INCREASE FORM**

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**PURPOSE:** To certify an increase to your benefit from a maximum of \$120 to a maximum of \$230 per month under the provision of IRS 26 CFR 601.602 Section .13.

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**APPLICANT INFORMATION – Please print legibly.**

*LAST 4 DIGITS OF SSN* \_\_\_\_\_

*LAST NAME* \_\_\_\_\_

*FIRST NAME* \_\_\_\_\_

*MIDDLE INITIAL* \_\_\_\_\_

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**EMPLOYEE CERTIFICATION**

**WARNING:** This certification concerns a matter within the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal.

I certify that I am employed by the above mentioned Federal Agency and am not named on a federally subsidized workplace parking permit with this or any other Federal agency, or that I will relinquish my permit before or upon receiving the fare benefit.

I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work, and will not transfer it to anyone else.

I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.

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I certify that my usual (or estimated) monthly commuting costs (excluding parking) are:

\$ \_\_\_\_\_

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**EMPLOYEE SIGNATURE** \_\_\_\_\_

**APPROVING OFFICIAL SIGNATURE (supervisor)** \_\_\_\_\_

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Revised: MARCH 2009

*Version 6*